

## WLICC YOUTH CLUB MEMBERSHIP FORM

### Document log

No.	Version No.	Date	Name of writer	Notes
1	1	31/10/16	Ali Ahmed	

### Approval Log

This document has been reviewed and approved by the following:

Name	Position	Entity name	Signature	Date

### IMPORTANT POINTS

- We are very pleased to welcome you to the WLICC Youth Club regardless your origin, race gender, or ethnic background.
- We need your correct contact details to process your membership. Please fill out this form and give it back to Club Membership Administrator.
- The information given on this form is confidential and covered by the Data Protection Act 1998. We will also use this information to ensure that you are kept informed about club events and activities.
- If you are under 16 please ask your parents or carer to sign the form before it is returned.

**PERSONAL DETAILS**

First name		Telephone	
Last name		Mobile	
Date of Birth		Email	
Postal Address			
Post Code			

**EMERGENCY CONTACT DETAILS**

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Contact name eg parent/carer: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

**FOR JUNIOR MEMBERS: PARENTAL CONSENT**

I, being the parent /carer of \_\_\_\_\_ have read the information contained on this form and hereby consent to him/her taking part in the activities of the club.

I have been made aware of and I understand the club's Child Protection Policy and Procedures including photography or video recording policies. In view of these policies I (please delete as appropriate \* ) do not wish\* / accept \* that he/she can be photographed or filmed for coaching or club promotional purposes.

Name of parent/carer: \_\_\_\_\_

Signature of parent/carer: \_\_\_\_\_

Date: \_\_\_\_\_